APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11324

1. PLACE OF DEATH
County Scott — Registration District No. 814 — File No.
Township Moreland — Primary Registration District No. 6063 — Registered No. 6
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Viola Agnes Pabst
(a) Residence. No. Commerce Mo R F D ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 22-1930

7. AGE — YEARS: — MONTHS: — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo

PARENTS
10. NAME OF FATHER Albert Pabst
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo
12. MAIDEN NAME OF MOTHER Agnes Hoctop
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

14. INFORMANT Albert Pabst
(Address) Commerce Mo R.F.D.

15. FILED Mar. 30, 1930 S. J. Wade REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1930, to Mar 29, 1930 that I last saw her alive on Mar 29, 1930, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capilary Bronchitis
107B
161B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hepatitis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 124B
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Uriel P. Haw, M. D
, 19 (Address) Benton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Kelso, Mo. — DATE OF BURIAL: Mar. 31, 1930

20. UNDERTAKER: P. S. Keisserer — ADDRESS: Oran, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.